DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: COTTAGE CARE CENTER (0010835)

Address: 204 HALL ST, MAUSTON, WI 53948

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095514 End Date: 09/06/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008276 Served 09/16/2005

Deficiencies Cited Subject Area Compliance

Verified

50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS

Survey ID: 0094037 End Date: 02/02/2005 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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